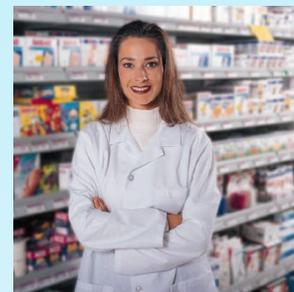


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202175 AUGUST 31, 2021

Pharmacy update approved by Drug Utilization Review Board August 2021

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits and the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its Aug. 20, 2021, meeting. These updates apply to the fee-for-service (FFS) pharmacy benefit.



SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Antipsychotic Therapy, Duplicate SSRI/SNRI, Monoclonal Antibodies for the Treatment of Respiratory Conditions and Multiple Sclerosis Agents. These PA changes will be effective for PA requests submitted on or after Oct. 1, 2021. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers.

PA changes

PA criteria for the Miscellaneous Cardiac Agents, PCSK9 Inhibitors and Select Lipotropics, Antimigraine Agents, and Miscellaneous Step Therapy were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after Oct. 1, 2021. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [OptumRx Indiana Medicaid website](#).

Mental health utilization edits

Utilization edits for mental health medications are reviewed quarterly by the Mental Health Quality Advisory Committee (MHQAC). The DUR Board approved updates to the utilization edits listed in Table 1. These updates are effective for dates of service (DOS) on or after Oct. 1, 2021.

Table 1 – Updates to utilization edits effective for DOS on or after Oct. 1, 2021

Name and strength of medication	Utilization edit
Abilify Mycite Starter Pak (all strengths)	1 PAK/90 days; age 18 years and older
Abilify Mycite Maintenance Pak (all strengths)	1 PAK/90 days; age 18 years and older
Evekeo ODT (all strengths)	Update age to 3 years and older
Lybalvi 5/10 mg tabs	1/day; age 18 years and older
Lybalvi 10/10 mg tabs	1/day; age 18 years and older
Lybalvi 15/10 mg tabs	1/day; age 18 years and older
Lybalvi 20/10 mg tabs	1/day; age 18 years and older

Changes to the PDL

Changes to the PDL were made at the Aug. 20, 2021, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after Oct. 1, 2021.

Table 2 – PDL changes effective for DOS on or after Oct. 1, 2021

Drug class	Drug	PDL status
Beta Adrenergics and Corticosteroids	Breztri aerosphere	Maintain as nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • ST – Must have trialed and failed Trelegy Ellipta or have contraindication or intolerance to use
	Trelegy Ellipta	Preferred (previously nonpreferred); update step therapy to the following: <ul style="list-style-type: none"> • ST – Must have trialed and failed Anoro Ellipta with fluticasone HFA OR Anoro Ellipta with Arnuity Ellipta for at least 90 of the past 120 days
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Bevespi aerosphere	Nonpreferred (previously preferred)
Hepatitis C Agents	Sofosbuvir/velpatasvir	Preferred (previously nonpreferred)
	Epclusa	Nonpreferred (previously preferred)
Otic Antibiotics	Cortisporin TC	Preferred (previously nonpreferred)
Systemic Antifungals	Brexafemme	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • ST – must have trialed and failed vaginal topical antifungal and oral fluconazole or contraindication or intolerance for use of these agents
Misc. Cardiac Agents	Verquvo	Nonpreferred
	Corlanor	Preferred (previously nonpreferred)
Lipotropics	Roszet	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • ST – must have trialed and failed individual components or provide medical rationale that individual components are not suitable for use
	Evkeeza	Nonpreferred
Antimigraine Agents	Nurtec ODT	Preferred (previously nonpreferred)
	Ubrelvy	Preferred (previously nonpreferred)
Electrolyte Depleters	Fosrenol chew	Preferred (previously nonpreferred)
	Fosrenol powder	Nonpreferred
	Veltassa	Nonpreferred (previously preferred); grandfather current utilizers
	Lokelma	Preferred (previously nonpreferred)
Multiple Sclerosis Agents	Ponvory	Nonpreferred; add the following quantity limit: <ul style="list-style-type: none"> • QL – 1 starter pack/90 days; 20mg tablet – 1 tab/day

For more information

The PDL, mental health utilization edits, PA criteria and SilentAuth criteria can be found on the [OptumRx Indiana Medicaid website](#). Notices of the DUR Board meetings and agendas are posted on the [FSSA website](#) at [in.gov/fssa](#). Click **FSSA Calendar** on the left side of the page to access the events calendar.

Please direct FFS PA requests and questions about the FFS PDL or this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 855-577-6317. Questions regarding pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Healthwise and Hoosier Care Connect should be referred to the managed care entity (MCE) with which the member is enrolled.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Bulletins](#) page of the IHCP provider website at [in.gov/medicaid/providers](#).

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at [in.gov/medicaid/providers](#).

